

Attorney Docket: 763-29

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES**

APPLICANT: Yoshio Jo et al. **EXAMINER:** Oh, Simon J.
SERIAL NO.: 10/069,561 **GROUP ART UNIT:** 1615
FILED: October 22, 2001 **DATED:** August 8, 2005
FOR: **SOLUBLE TRAUMA-HEALING HEMOSTATIC CELLULOSE
CONTAINING COAGULATION PROTEIN AND METHOD
OF PREPARATION THEREOF**

MAIL STOP APPEAL BRIEF-PATENTS
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Please enter the following Amendment in the above-identified application:

The amendment to the claims begins on page 2; and

The Remarks begin on page 8.

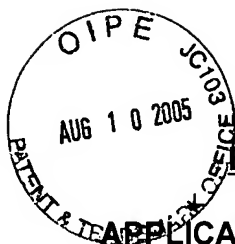
CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service as first class mail, postpaid in an envelope addressed to the: Mail Stop Appeal Brief-Patents, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 8, 2005.

Dated: August 8, 2005



George M. Kaplan

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AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. §§1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity under 37 C.F.R. §§1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

For	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate (Small Entity)	Addit. Fee	Rate	Addit. Fee
TOTAL CLAIMS*	38	38	0	x 25 =	\$0	x 50 =	\$0
INDEPENDENT CLAIMS	2	3	0	x100 =	\$0	x200 =	\$0
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				180		360	\$0

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

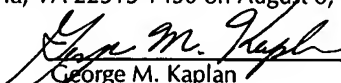
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

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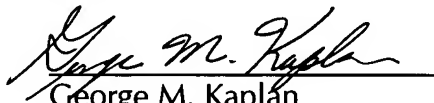
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George M. Kaplan

- ☐ Please charge Deposit Account No. 04-1121 in the amount of \$____. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$__ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. §§1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 04-1121. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 04-1121 therefor. A DUPLICATE OF THIS SHEET IS ENCLOSED.

Respectfully submitted,


George M. Kaplan
Reg No. 28,375
Attorney for Applicant(s)

DILWORTH & BARRESE, LLP
333 Earle Ovington Blvd.
Uniondale, NY 11553
(516) 228-8484